

National Children's Mental Health Awareness Day 2011 Pledge Form

Contact Information

NAME OF ORGANIZATION

NAME OF GRANT PROGRAM (IF DIFFERENT FROM ORGANIZATION)

NAME OF PROJECT DIRECTOR

NAME OF AWARENESS DAY COORDINATOR AND/OR SOCIAL MARKETER

PHONE

E-MAIL

MAILING ADDRESS

AFFILIATION

- ☐ SAMHSA-Funded Community ☐ Other Federally Funded Program ☐ Non-Profit Organization Affiliate

OUR COMMUNITY IS INTERESTED IN CONDUCTING AND/OR PARTICIPATING IN THE FOLLOWING AWARENESS DAY ACTIVITIES AND/OR EVENTS:

- ☐ A local event to address the children's mental health issues/topics that are specific to our community. (These events may include open houses, health fairs, community recognition ceremonies/celebrations, in-service trainings, etc.)

Please use the following space to share your plans or ideas for your community event:

- ☐ Art Activity ☐ Youth Activity ☐ Social Media ☐ Other

PLEASE RETURN THIS FORM TO

Caring for Every Child's Mental Health Campaign

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